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APPLICANTS

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**** FOREIGN APPLICATIONS *******

NORWAY 2003 4465 10/06/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and JERRY-DARYL FLETCHER/ Examiner's Signature		Initials	NORWAY	6	10	5

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TITLE

Medical patient stimulator

FILING FEE RECEIVED 1430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)

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